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BALA SHEKAR REDDY VENUMUDDALA 775-95-8789 If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address fumber and streef, If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 37 EMERSON AVE, Dynamic address, also complete spaces below. State 21P code Door over address Door over add	Check only	lf yo	u checked the MFS box, enter the n	ame of y					```		, ,	. , . ,
If joint return, spouse's first name and middle initial Last name Spouse's social security number Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign 37 EMERSON AVE , Chock here if you, or you Chock here if you, or you Spouse's social security want S3 to be this fund. Checking a box below. State 2/P code Spouse's word illing jointy, want S3 to go to this fund. Checking a box below. I or of this fund. Checking a box below.	Your first name	and mi	iddle initial	Last na	me					Yours	social sec	urity number
Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign Check here If you, or your spouse if filing jointly, want S3 to go to filing. If you have a foreign address, also complete spaces below. State ZIP code Check here If you, or your spouse if filing jointly, want S3 Foreign country name Foreign province/state/country Foreign postal code You Spouse it filing jointly, want S3 At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent Your spouse as a dependent You Spouse Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You No Dependents, see instructions): (i) First name Last name number (i) A fir qualifies for (see instructions): If more than four dependents, see instructions 3a 7. b Taxable interest 2b 1. Attach Sa Pensions and namuties Sa 5a b 5b 6b Standard Genesins active presents 6a Social security benefits 6a b 1 91, 047.	BALA SHI	EKAR	REDDY	VENU	MUDDALA					775	-95-87	789
37 EMERSON AVE, Check here if you, or your City, town, or post office. If you have a foreign address, also complete spaces below. NJ 07.306 JERSEY CITY NJ 07.306 op to this fund. Checking a box below will not change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code up to the fund. Checking a box below will not change your tax or refund. Standard Someone can claim: You as a dependent Your spouse as a dependent you create the spouse itemizes on a separate return or you were a dual-status alien Age/Blindness You: Were bom before January 2, 1956 Are bind Spouse: Was bom before January 2, 1956 Is blind Dependents (see instructions): (1) First name (2) Social security (3) Relationship (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	lf joint return, s	pouse's	first name and middle initial	Last nai	me					Spous	e's social	security number
Cuty, Win, to post bines, in your have a holegin address, also bothylete spaces below. State 20* doole to go to this fund, checking a box below with oc change your tax or refund. Foreign country name Foreign province/state/county Foreign postal code 1 wunderstate/county You Spouse your tax or refund. At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No Standard Someone can claim: You as a dependent You spouse as a dependent You spouse as a dependent Age/Blindness You: Ware born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents (see instructions): (f) First name (2) Social security (9) Feationship (4) ⁴ If qualifies for (see instructions): (and check here 1 91,047. Attach Sa 7. b Taxable interest 2b 1. Standard Ga Qualified dividends 3a 7. b Taxable amount 4b Attach 3a 7. b Taxable amount 4b 2b 1. Standard Ga Qualified dividends 3				instructio	ons.			Å	Apt. no.	Check	chere if yo	ou, or your
JERSEY CITY NJ 07306 box below will not change Foreign country name Foreign province/state/county Foreign postal code your tax or refund. You Spouse Someone can clain: You as dependent You posuse as a dependent Deduction Spouse itemizes on a separate return or you were a dual-status allen Age/Blindness You: Were born before January 2, 1956 Are blind Spouse: Was born before January 2, 1956 Is blind Dependents See instructions): (1) First name Last name (2) Social security (3) Relationship (4) V if qualifies for (see instructions): If more (1) First name Last name (2) Social security (3) Relationship (4) V if qualifies for (see instructions): If and check	City, town, or p	ost offi	ce. If you have a foreign address, also co	mplete s	paces below.	Sta	ate	ZIP co	ode			
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 Head of household, \$18,650 If you checked any box under Standard Deduction, see instructions. Add lines 12 and 13		b	Charitable contributions if you take	the stan	dard deduction.	See inst	tructions 10	b				
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see instructions. 14 12,400. 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0 15 86,686.	Standard	13	Qualified business income deduction	ion. Atta	ich Form 8995 oi	r Form 8	8995-A			. 1	3	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0		14									4	
)	15	Taxable income. Subtract line 14	from lin	e 11. If zero or le	ss, ente	er-0			. 1	5	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

Form 1040 (2020))									Page 2
	16	Tax (see instructions). Check	if any from Form	(s): 1 🗌 881	4 2 497	′2 3 [16	14,882.
	17	Amount from Schedule 2, lin	ie3						17	
	18	Add lines 16 and 17							18	14,882.
	19	Child tax credit or credit for	other dependen	ts					19	
	20	Amount from Schedule 3, lin	ie7						20	
	21	Add lines 19 and 20							21	
	22	Subtract line 21 from line 18	. If zero or less,	enter -0					22	14,882.
	23	Other taxes, including self-e	mployment tax,	from Schedule	e 2, line 10				23	0.
	24	Add lines 22 and 23. This is	your total tax					. 🕨	24	14,882.
	25	Federal income tax withheld	from:							
	а	Form(s) W-2				. 25	a 13	,574.		
	b	Form(s) 1099				. 25	b			
	с	Other forms (see instructions	s)			. 25	c			
	d	Add lines 25a through 25c							25d	13,574.
• If you have a	26	2020 estimated tax payment	ts and amount a	pplied from 20	19 return .				26	
qualifying child, attach Sch. EIC. r	27	Earned income credit (EIC)				. 27	7			
If you have	28	Additional child tax credit. A	ttach Schedule 8	8812		. 28	3			
nontaxable combat pay,	29	American opportunity credit	from Form 8863	8, line 8		. 29)			
see instructions.	30	Recovery rebate credit. See	instructions .			. 30)			
	31	Amount from Schedule 3, lin	ie 13			. 31				
	32	Add lines 27 through 31. The	ese are your tot a	al other paym	ents and refu	Indable	credits	. 🕨	32	
	33	Add lines 25d, 26, and 32. T	hese are your to	tal payments				. 🕨	33	13,574.
Refund	34	If line 33 is more than line 24	l, subtract line 2	4 from line 33.	This is the ar	nount yo	u overpaid		34	
neruna	35a	Amount of line 34 you want	refunded to you	. If Form 8888	is attached,	check he	ere		35a	
Direct deposit?	►b	Routing number X X X	X X X X	XX	► c Type:	🗌 Che	cking	Savings		
See instructions.	►d	Account number X X X	X X X X	X X X X	x x x x	XX	X			
	36	Amount of line 34 you want a	applied to your	2021 estimate	ed tax	▶ 36	5			
Amount	37	Subtract line 33 from line 24	. This is the amo	ount you owe	now			. 🕨	37	1,308.
You Owe		Note: Schedule H and Sch		-						
For details on		2020. See Schedule 3, line 1			•		,			
how to pay, see instructions.	38	Estimated tax penalty (see ir	nstructions) .			► 38	3			
Third Party	Do	you want to allow another	person to disc	cuss this retu	rn with the II	RS? See)			
Designee	ins	structions	· · · · ·			🕨	Yes. Co	omplete	below.	🗙 No
		signee's		Phone				onal ident		
		me 🕨		no. 🕨				oer (PIN)		
Sign		der penalties of perjury, I declare t ief, they are true, correct, and com								
Here		· · ·	piete. Deciaration (Date				1		nt you an Identity
	. 10	ur signature		Dale	Your occupati	OII				IN, enter it here
Joint return?					SOFTWAR	E ENG	INEER	(see	inst.) 🕨	
See instructions.	Sp	ouse's signature. If a joint return, k	ooth must sign.	Date	Spouse's occ	upation				nt your spouse an
Keep a copy for your records.	*									ection PIN, enter it here
your records.									inst.) 🕨	
		one no. (812)262-423		Email address	REDDYSHE					
Paid		eparer's name	Preparer's signat			Dat		PTIN		Check if:
Preparer		PRIYA RAM SAGAR GUPTA TALLAM		RAM SAGAR	GUPTA TALI	LAM 09	/29/2021	P0208		Self-employed
Use Only		m's name ► GLOBAL TAX						Pho	ne no. (678)965-9522
	Fir	m's address ► 2530 Pebbl	le Creek L	n Cumming	g GA 300-	41		Firn	n's EIN ▶	
Go to www.irs.go	ov/Form	n1040 for instructions and the late	st information.		BAA	RI	EV 08/30/21 PRC)		Form 1040 (2020)

BAA

SCHEDULE D

(Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

20

Attach to Form 1040, 1040-SR, or 1040-NR.	
Go to www.irs.gov/ScheduleD for instructions and the latest information	on.
► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10).

20 Attachment Sequence No. 12

Your social security number 775-95-8789

Internal Revenue Service (99) Name(s) shown on return

Department of the Treasury

BALA SHEKAR REDDY VENUMUDDALA

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?	′es 🗙	No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your	gain or l	oss.

Part I Short-Term Capital Gains and Losses – Generally Assets Held One Year or Less (see instructions)

lines This	instructions for how to figure the amounts to enter on the below. form may be easier to complete if you round off cents to e dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F line 2, column	from Part I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	87,940.	81,754.	1,8	23.	8,009.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term gain or (I	oss) from Forms 4	684, 6781, and 88	324	4	
5	Net short-term gain or (loss) from partnerships, Schedule(s) K-1			usts from	5	
6	Short-term capital loss carryover. Enter the amount, if an Worksheet in the instructions	-	6	()		
7	Net short-term capital gain or (loss). Combine lines 1a term capital gains or losses, go to Part II below. Otherwise	•	.,		7	8,009.

Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions)

	instructions for how to figure the amounts to enter on the below.	(d)	(e)	(g) Adjustmen	ts	(h) Gain or (loss) Subtract column (e)
This	form may be easier to complete if you round off cents to le dollars.	Proceeds (sales price)	Cost (or other basis)	to gain or loss Form(s) 8949, I line 2, colum	from Part II,	from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked.					
11	in or (loss)	11				
12	Net long-term gain or (loss) from partnerships, S corporat	. ,	12			
13	Capital gain distributions. See the instructions		13	1.		
14	Long-term capital loss carryover. Enter the amount, if any Worksheet in the instructions		14	()		
15	Net long-term capital gain or (loss). Combine lines 8a on the back	•			15	1.

Part	III Summary	
16	Combine lines 7 and 15 and enter the result	16 8,010.
	• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below.	
	• If line 16 is a loss , skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22.	
	• If line 16 is zero , skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17	Are lines 15 and 16 both gains?	
	 Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22. 	
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20	 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. 	
	□ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of:	
	 The loss on line 16; or (\$3,000), or if married filing separately, (\$1,500) 	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?	
	☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16.	
	No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

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Schedule D (Form 1040) 2020

Form	8949

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Attachment

20

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Social security number or taxpayer identification number

Name(s) shown on return	Social security number or taxpayer identification number
BALA SHEKAR REDDY VENUMUDDALA	775-95-8789
	•

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	enter a co	ter an amount in column (g), er a code in column (f). ne separate instructions. (h) Gain or (lo: Subtract colum	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	uctions) in the separate (f) instructions Code(s) from		(g) Amount of adjustment	from column (d) and combine the result with column (g)
Robinhood Securities LLC	01/01/20	06/11/20	86,064.	79,932.	W	1,805.	7,937.
FIDELITY	07/24/20	08/18/20	1,876.	1,822.	W	18.	72.
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C	al here and inc is checked), lir	lude on your 1e 2 (if Box B	87,940.	81,754.		1,823.	8,009.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions. BAA



NJ-1040 2020 Page 1

775958789



2020 NJ-1040 New Jersey Resident Income Tax Return

For Privacy Act Notification, See Instructions

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 $\cap 4$

Your Social Security Number (required)

Last Name, First Name, Initial (Joint Filers enter first name and middle initial of each. Enter spouse's/CU partner's last name ONLY if different.) VENUMUDDALA BALA SHEKAR REDDY

Spouse's/CU Partner's SSN (if filing jointly)

Home Address (Number and Street, including apartment number) 37 EMERSON AVE

County/Municipality Code (See Table page 50) 1010

City, Town, Post Office	State	ZIP Code
JERSEY CITY	NJ	07306

Driver's License Number (Voluntary) (See instructions)

Federal extension filed.

The address above is a foreign address.

Your address has changed.

Death certificate is enclosed.

Do not want a paper form next year.

I authorize the Division of Taxation to discuss my return and enclosures with my preparer.

NJ-1040-O is enclosed.

Do you want to designate \$1 to the Gubernatorial Elections Fund?	You		Yes	1
If joint return, does your spouse want to designate \$1?	Spouse/CU Partner		Yes	1
Direct Deposit Information				
dd1. Direct deposit indicator (1 for direct deposit, 4 for no direct deposit)		dd1.	4	
dd2. Account type (C for checking, S for savings)		dd2.		
dd3. Fill in the checkbox if the direct deposit is going to an account outside the United States		dd3.		
dd4. Routing number		dd4.		
dd5. Account number		dd5.		

Note: This does not reduce your refund or increase your balance due.

Gubernatorial Elections Fund



No No

			Name(s) as shown on H VENUMUDDA		SHEKAR	REDDY	
NJ- 2020 Page	e 2		Your Social Security N 775958789	lumber			1555
Dort	-year residents, provide months/da	10MP02200	ont during 2020:		Fiscal year filer	only	
Fron		ys you were a riew jersey resid	cht during 2020.		Enter month of	-	2021
1101					Linter month of	your your ond	
	ng Status n only one.						
1.	× Single						
2.	Married/CU Couple, fili	ng joint return					
3.	Married/CU Partner, fili	ng separate return					
4.	Head of Household			Enter spouse's	/CU partner's SS	N	
5.	Qualifying Widow(er)/S	Surviving CU Partner					
	Indicate the year of your	spouse's/CU partner's death:	2018 20	19			
	mptions n the ovals that apply. You must enter a	total in the boxes to the right and co	mplete the calculation.				
6.	Regular	× Self	Spouse/CU Partner	Domestic Pa	artner <u>1</u>	x \$1,000 =	1000
7.	Senior 65+ (Born in 1955 or earlier) Self	Spouse/CU Partner			x \$1,000 =	
8.	Blind/Disabled	Self	Spouse/CU Partner			x \$1,000 =	
9.	Veteran	Self	Spouse/CU Partner			x \$6,000 =	
10.	Qualified Dependent Children					x \$1,500 =	
11.	Other Dependents					x \$1,500 =	
12.	Dependents Attending Colleges	(See instructions)				x \$1,000 =	
13.	Total Exemption Amount (Add	totals from the lines at 6 throug	h 12)			13.	1000 .
14.	Dependent Information. Provide	-	each dependent.				
	Last Name, First Name, Middle	Initial		Social Security	Number	Birth Year	No Health Insurance
a.							
b.							
c.							
d.							



NJ-1040 2020

Page 3



Name(s) as shown on Form NJ-1040 VENUMUDDALA BALA SHEKAR REDDY

Your Social Security Number 775958789

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		1.5	01047	
15.	Wages, salaries, tips, and other employee compensation (State wages from Box 16 of enclosed W-2(s)) (See instructions)	15.	91047 1	•
16a.	Taxable interest income (Enclose federal Schedule B if over \$1,500) (See instructions)	16a.	T	•
16b.	Tax-exempt interest income (Enclose Schedule) (See instructions) Do not include on line 16a	16b. 17.	28	•
17.	Dividends Net profits from business (Schedule NJ-BUS-1, Part I, line 4) (Enclose federal Schedule C)	17.	20	•
18.	•	18. 19.	8010	•
19.	Net gains or income from disposition of property (Schedule NJ-DOP, line 4)	19. 20a.	8010	•
20a.	Pensions, Annuities, and IRA Withdrawals (See instructions)			•
20b.	Excludable Pensions, Annuities, and IRA Withdrawals	20b.		•
21.	Distributive Share of Partnership Income (Schedule NJ-BUS-1, Part II, line 4) (Enclose Schedule NJK-1 or federal Schedule K-1)	21. 22.		•
22.	Net pro rata share of S Corporation Income (Schedule NJ-BUS-1, Part III, line 4) (Enclose Schedule NJ-K-1 or federal Schedule K-1)			•
23.	Net gains or income from rents, royalties, patents, and copyrights (Schedule NJ-BUS-1, Part IV, line 4) Net Gambling Winnings (See instructions)	23.		•
24.		24. 25.		•
25.	Alimony and Separate Maintenance Payments received			•
26.	Other (Enclose documents) (See instructions)	26. 27	99086	•
27.	Total Income (Add lines 15, 16a, 17 through 20a, and 21 through 26)	27.	99000	•
28a.	Retirement/Pension Exclusion (See instructions)	28a.		•
28b.	Other Retirement Income Exclusion (See Worksheet D and instructions page 19)	28b.		•
28c.	Total Exclusion Amount (Add lines 28a and 28b)	28c.	99086	•
29.	New Jersey Gross Income (Subtract line 28c from line 27) (See instructions)	29.		•
30.	Exemption Amount (Enter amount from line 13. Part-year residents see instr.)	30.	1000	•
31.	Medical Expenses (See Worksheet F and instructions)	31.		•
32.	Alimony and Separate Maintenance Payments (See instructions)	32.		•
33.	Qualified Conservation Contribution	33.		•
34.	Health Enterprise Zone Deduction	34.	0	•
35.	Alternative Business Calculation Adjustment (Schedule NJ-BUS-2, line 11)	35.	0	•
36.	Organ/Bone Marrow Donation Deduction (See instructions)	36.	1000	•
37.	Total Exemptions and Deductions (Add lines 30 through 36)	37.	1000	•
38.	Taxable Income (Subtract line 37 from line 29)	38.	98086	
39a.	Total Property Taxes (18% of Rent) Paid (See instructions page 23)	39a.	2160	•
39b.				
	Lot .			
39b.		ted Worksheet G		
39c.	County/Municipality Code			
39d.		Both	0100	
40.	Property Tax Deduction (From Worksheet H) (See instructions)	40.	2160	•
41.	New Jersey Taxable Income (Subtract line 40 from line 38)	41.	95926	•
42.	Tax on Amount on line 41 (Tax Table page 52)	42.	3984	•
43.	Credit For Income Taxes Paid to Other Jurisdictions (Enclose Schedule NJ-COJ) (See instructions)	43.		•
	Enter Code		2224	
44.	Balance of Tax (Subtract line 43 from line 42)	44.	3984	•
45.	Child and Dependent Care Credit (See instructions)	45.		•
	Fill in if you are a CU couple claiming the Child and Dependent Care Credit			
46.	Sheltered Workshop Tax Credit	46.		•
47.	Gold Star Family Counseling Credit (See instructions)	47.		•
48.	Credit for Employer of Organ/Bone Marrow Donor (See instructions)	48.		•
49.	Total credits (Add lines 45 through 48)	49.	2004	•
50.	Balance of Tax After Credits (Subtract line 49 from line 44) If zero or less, make no entry	50.	3984	•
51.	Use Tax Due on Internet, Mail-Order, or Other Out-of-State Purchases (See instructions) If no Use Tax, enter 0	51.	0	•
52.	Interest on Underpayment of Estimated Tax	52.		•





NJ-1040 2020

Division Use:

Page 4



Name(s) as shown on Form NJ-1040 VENUMUDDALA BALA SHEKAR REDDY

Your Social Security Number 775958789

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53.	Shared Responsibility Payment (See instructions) REQUIRED Enclose S	chedule I	HCC and fi	ll in 💙	<	53.	0	
54.	Total Tax Due (Add lines 50 through 53)					54.	3984	
55.	Total New Jersey Income Tax Withheld (Enclose Forms W-2 and 1099)					55.	4031	
56.	Property Tax Credit (See instructions page 23)					56.		
57.	New Jersey Estimated Tax Payments/Credit from 2019 tax return					57.		
58.	New Jersey Earned Income Tax Credit (See instructions)					58.		
	Fill in if you had the IRS calculate your federal earned income credit							
	Fill in if you are a CU couple claiming the NJ Earned Income Tax Credit							
59.	Excess New Jersey UI/WF/SWF Withheld (Enclose Form NJ-2450) (See instru	ctions)				59.		
60.	Excess New Jersey Disability Insurance Withheld (Enclose Form NJ-2450) (See	e instructi	ons)			60.		
61.	Excess New Jersey Family Leave Insurance Withheld (Enclose Form NJ-2450)	(See inst	ructions)			61.		
62.	Wounded Warrior Caregivers Credit (See instructions)	62.		•				
63.	Pass-Through Business Alternative Income Tax Credit (See instructions)					63.		•
64.	Total Withholdings, Credits, and Payments (Add lines 55 through 63)					64.	4031	•
65.	If line 64 is less than line 54, you have tax due. Subtract line 64 from line 54 an	d enter th	e amount y	ou owe		65.		
	If you owe tax, you can still make a donation on lines 68 through 75.							
66.	If the total on line 64 is more than line 54, you have an overpayment. Subtract l	ine 54 fro	m line 64 a	and enter th	ne overpayment	66.	47	
67.	Amount from line 66 you want to credit to your 2021 tax					67.		
68.	Contribution to N.J. Endangered Wildlife Fund	\$10	\$20	Other		68.		•
69.	Contribution to N.J. Children's Trust Fund to Prevent Child Abuse	\$10	\$20	Other		69.		
70.	Contribution to N.J. Vietnam Veterans' Memorial Fund	\$10	\$20	Other		70.		
71.	Contribution to N.J. Breast Cancer Research Fund	\$10	\$20	Other		71.		•
72.	Contribution to U.S.S. New Jersey Educational Museum Fund	\$10	\$20	Other		72.		•
73.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	73.		•
74.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	74.		•
75.	Other Designated Contribution (See instructions)	\$10	\$20	Other	Enter Code	75.		•
76.	Total Adjustments to Tax Due/Overpayment amount (Add lines 67 through 75)					76.		•
77.	Balance due (If line 65 is more than zero, add line 65 and line 76)					77.		•
78.	Refund amount (If line 66 is more than zero, subtract line 76 from line 66)					78.	47	•

Under penalties of perjury, I declare that I have examined this Int the best of my knowledge and belief, it is true, correct, and comp based on all information of which the preparer has any knowledg	ete. If prepared by a pe		Tax Due Address Enclose payment along with the NJ-1040-V payment voucher and tax return. Use the labels provided with the envelope and mail to: State of New Jersey Division of Taxation Revenue Processing Center - Payment PO Box 111
Your Signature Date	Spouse's/CU Par	rtner's Signature (required if filing jointly) Date	Trenton, NJ 08645-0111 Include Social Security number and make check or
Paid Preparer's Signature		Federal Identification Number	money order payable to: State of New Jersey – TGI You can also make a payment on our website:
SYAM PRIYA RAM SAGAR GUPT	A TALLAM	P02082703	www.njtaxation.org Refund or No Tax Due Address
Firm's Name		Firm's Federal Employer Identification Number	Use the labels provided with the envelope and mail to: New Jersey Division of Taxation Revenue Processing Center - Refunds PO Box 555
GLOBAL TAXES LLC		30-1017196	Trenton, NJ 08647-0555

4_____ 4_____ REV 05/18/21 PRO ____5 ____

6_

7

2_

1_

3_

Name(s) as shown on Form NJ-1040	Social Security Number
VENUMUDDALA, BALA SHEKAR REDDY	775-95-8789

Schedule NJ-DOP

Net Gains or Income From Disposition of Property

2020

	he net gains or income, less net los onal whether tangible or intangible.		the sale, exchan	ge, or other di	sposition of property in	cluding real or	
	(a)	(b)	(C)	(d)	(e)	(f)	
1.	Kind of property and description	Date acquired (mm/dd/yyyy)	Date sold (mm/dd/yyyy)	Gross sales price	Cost or other basis as adjusted (see instructions) and expense of sale	Gain or (loss) (d minus e)	
	Robinhood Securities LLC	01/01/2020	06/11/2020	86,064.	78,127.	7,937.	
	FIDELITY	07/24/2020	08/18/2020	1,876.	1,804.	72.	
2.	Capital Gains Distributions					1.	
3.	Other Net Gains						
4.	Net Gains (Add lines 1, 2, and 3.) entry on line 19.)	•				8.010.	

Schedule NJ-WWCWounded Warrior Caregivers Credit2020

	Did you provide care for a relative who was a qualifying armed services member (see instructions)?	> Ye	s O No	
	If "Yes," enter the name and Social Security number of the qualifying service member	er.		
	Last Name, First Name, Initial Social Security number			
	Enter your relationship to the qualifying service member.			
	If "No," you are not eligible for a Wounded Warrior Caregivers Credit. Make no entry	on lin	e 62, NJ-1040.	
1.	Enter the federal disability compensation of the armed services member	1.		
2.	Maximum credit allowed	2.	675	00
3.	Enter the lesser of line 1 or line 2	3.		
4.	Were you the only caregiver for this service member during the tax year?			
	O Yes O No			
	If "No," enter your share (percentage) of the total care expenses for the year.	4.		%
5.	If you answered " Yes " at line 4, enter the amount from line 3 here and on line 62, NJ-1040.			
	If you answered " No " at line 4, multiply the amount on line 3 by the percentage on line 4. Enter the result here and on line 62, NJ-1040	5.		

Schedule NJ-HCC (Form NJ-1040)

2020

If your income on line 29 is at or below the filing threshold, do not complete this schedule.

Name as Shown on Return	Social Security No.
VENUMUDDALA, BALA SHEKAR REDDY	775-95-8789

Part I

Did you and, if applicable, all members of your tax household, have minimum essential health coverage for every month in 2020 (See instructions for line 53, NJ-1040.) Part-year residents include only months as a New Jersey resident.

x Yes. You do not owe a shared responsibility payment. Fill in the oval at line 53, NJ-1040, and enclose this schedule with your return.

No. Continue to Part II.

Part II

Enter the name and Social Security number for each member of your tax household. Check the box for every month each person had minimum essential health coverage or qualified for an exemption (part-year residents include only months as a New Jersey resident). If an individual qualified for an exemption, enter the exemption number. (See instructions for line 53, NJ-1040.) If an individual has more than one exemption number, check the box. If you need more space, enclose a statement listing any additional individuals.

Name	SSN	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Exemption Code		-	Check Check							•		nber .	
Exemption Code		-	Check Check								on nur	nber .	
Exemption Code		-	Check Check									nber .	
Exemption Code			Check Check								on nur	nber .	
Exemption Code		-	Check Check							•	on nur	nber .	
Exemption Code		-	Check Check							•	on nur	nber .	
Exemption Code		-	Check C <u>heck</u>							•	on nur	nber .	
Examption Code													
Exemption Code		-	Check Check							•	on nur		
Exemption Code			Check										
		-	Check Check										
Exemption Code			Chock	box if t		vidual				vomnti			I
		-	Check Check										

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